

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	5/29/01
FORMALITY REVIEW	SH	1085	6-29-01
RESPONSE FORMALITY REVIEW	CH	825	9/19/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1		116-02	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	
36		36	
37		37	
38		38	
39		39	
40		40	
41		41	
42		42	
43		43	
44		44	
45		45	
46		46	
47		47	
48		48	
49		49	
50		50	

Claim	Final	Original	Date
51		51	
52		52	
53		53	
54		54	
55		55	
56		56	
57		57	
58		58	
59		59	
60		60	
61		61	
62		62	
63		63	
64		64	
65		65	
66		66	
67		67	
68		68	
69		69	
70		70	
71		71	
72		72	
73		73	
74		74	
75		75	
76		76	
77		77	
78		78	
79		79	
80		80	
81		81	
82		82	
83		83	
84		84	
85		85	
86		86	
87		87	
88		88	
89		89	
90		90	
91		91	
92		92	
93		93	
94		94	
95		95	
96		96	
97		97	
98		98	
99		99	
100		100	

Claim	Final	Original	Date
101		101	
102		102	
103		103	
104		104	
105		105	
106		106	
107		107	
108		108	
109		109	
110		110	
111		111	
112		112	
113		113	
114		114	
115		115	
116		116	
117		117	
118		118	
119		119	
120		120	
121		121	
122		122	
123		123	
124		124	
125		125	
126		126	
127		127	
128		128	
129		129	
130		130	
131		131	
132		132	
133		133	
134		134	
135		135	
136		136	
137		137	
138		138	
139		139	
140		140	
141		141	
142		142	
143		143	
144		144	
145		145	
146		146	
147		147	
148		148	
149		149	
150		150	

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)